U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 75 - 23 - 125 - 1	2. Fiscal Year Covered From:		
2015	[[] / [] / [ZooS Through: [] / 31 / [ZooS]		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name John E Plowmon	Name 7 Will LOCAL 542		
	Labor Organization File Number 75-2304254 530 - 40 7		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 6902 SHEPHERDS GLEN	Street 1261 AIRPORT FWY SUITE 386		
City Colley VILE	City EUGSS , bit Sit/Sit/Sit/Sit/Sit/Sit/Sit/Sit/Sit/Sit/		
State 76×43 ZIP Code + 4 7603 4	State TEXAS ZIP Code + 4 76040		
5. Position in labor organization.			
Fig. 1 - Vandanklas, "Linna, happed endorer, or an area gangle of the control of	graph and only of product and only on the contract of the same		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Amberian Abelians, Duc	7-21-2005 7-26-2005		
Trade Name, if any:	7-28-2 <i>&</i> S		
P.O. Box, Bldg., Room No., if any P.O., Box 619616	T.b. Amount.		
Street	7.5. Alliburg.		
City Dallas Fi. World Azeport	* uu-40		
State 1 = 5.05 ZIP Code + 4 75.26 / 1	S. CORRERAL CORRESPONDED CONTRACTOR OF A SECOND CONTRACTOR OF A SECO		
6.304 of observations of the Signature and the properties of the control of the c			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
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application in the lepoil Highlight the infollopination contained in any accompany	ng documents), has been examined by the signatory and is, to the best of the stion on penalties in the instructions.)		
undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the stion on penalties in the instructions.)		

 $\{p^{k}(p)\}$

Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ation	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar valu 12:a. Nature of interest held 12:b. Amount.	Para coloritario de acomprese procesa de constitución de la constituci	
C. Danieldon		Process Control of the Control of th	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City			
State ZIP Code + 4 13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
Company of Constituent Printers			